IN							
_	RE APPLICATIO		NG GUG LEE ET A	L			
SERIAL NO.: 09/8		228,182			GROUP ART UNIT: 2682		
FILED: April 9, 2001					EXAMINER: N. Lee		
FOR: CURRENT RE-USE BLEEDING MIXER					ATTY. REFEREN	NCE: LEES3002/BEU	
CG	CIPPININE	NER OF PA	TENTS				
<b>P.</b> O	D. Box 1450	22212 1 450					
Alexandria, VA 22313-1450						RECEIVED	
Sir. Tra		th is a communi	entified application.	JUL 1 6 2004			
		y status under 3		ochnology Center 980			
X	No addition	nal fee is require	1	echnology Center 260			
The	fee, if any, has	been calculated	as shown below:			. 20	
	Fee Basis	Number of Claims After Amendment	Highest Number Previously Paid For	Extra Claims	Small Entity	Full Fee	
Tot	al Claims		-	= 3	× \$ 9 =	× \$ 18 =	
Independent Claims		<u> </u>	2	= 3	× \$ 43 =	× \$ 86 =	
	☐ First Presentation of Proper Multiple Dependent Claim				+ \$145 =	+ \$290 =	
		<sup>1</sup> If less than	20 enter 20.	<sup>2</sup> If less than 3 enter	3. <sup>3</sup> If less than 0 er	nter 0.	
	Please charge my <b>Deposit Account Number 02-0200</b> in the amount of A duplicate copy of this is attached.						
$\square$ A check in the amount of $\underline{\$}$ is attached.							
	The Commissioner is hereby authorized to charge any additional fees associated with this communication, including fue under 37 CFR 1.16 and 37 CFR 1.17 or credit any overpayment to Deposit Account Number 02-0200. A duplic copy of this sheet is attached.						
	Also enclosed is/are: 3 - SHEETS OF REPLACEMENT SHEET DRAWINGS (Figs. 1-6);						
×		s/are: 3 - SH	EETS OF RE	PLACEME	NT SHEET DRAV	<b>VINGS</b> (Figs. 1-6):	

Benjamin E. Urcia
Anoney for Applicant
Registration Number: 33,805